BULLETIN BOARD
(Updated March 2004)

On 2/24/04, Cindy Schmutzler, Chief of the Bureau of Health Care Oversight in the Section of Health Standards and Licensure announced that Lisa Coots has accepted the position of Administrator for the Home Care and Rehabilitative Standards Unit (HCRS). Lisa served as the Assistant Administrator for HCRS for nearly 2 years and as the Interim Administrator for the past several weeks.

Note from Linda Grotewiel, Administrator

Effective January 15, 2004, Lisa Coots, R.N., will assume the position of Interim Administrator for the Unit of Home Care and Rehabilitative Standards as I will be leaving the Department. I have enjoyed and appreciated the respect and cooperation we share with the provider industry and know that Lisa and the entire unit will continue this relationship. It has been my privilege to work with providers that have such a tremendous impact on the health care of the citizens of Missouri. Thanks to all of you for the jobs you do. Good-bye and continued success.

Clarification regarding branch identification numbers:

If the OASIS assessment is completed by a branch, M0016 must contain the 10-character ID provided by CMS.

If the OASIS assessment is completed by a parent, M0016 must start with the letter "P" followed by 9 spaces. (leave the 9 spaces blank)
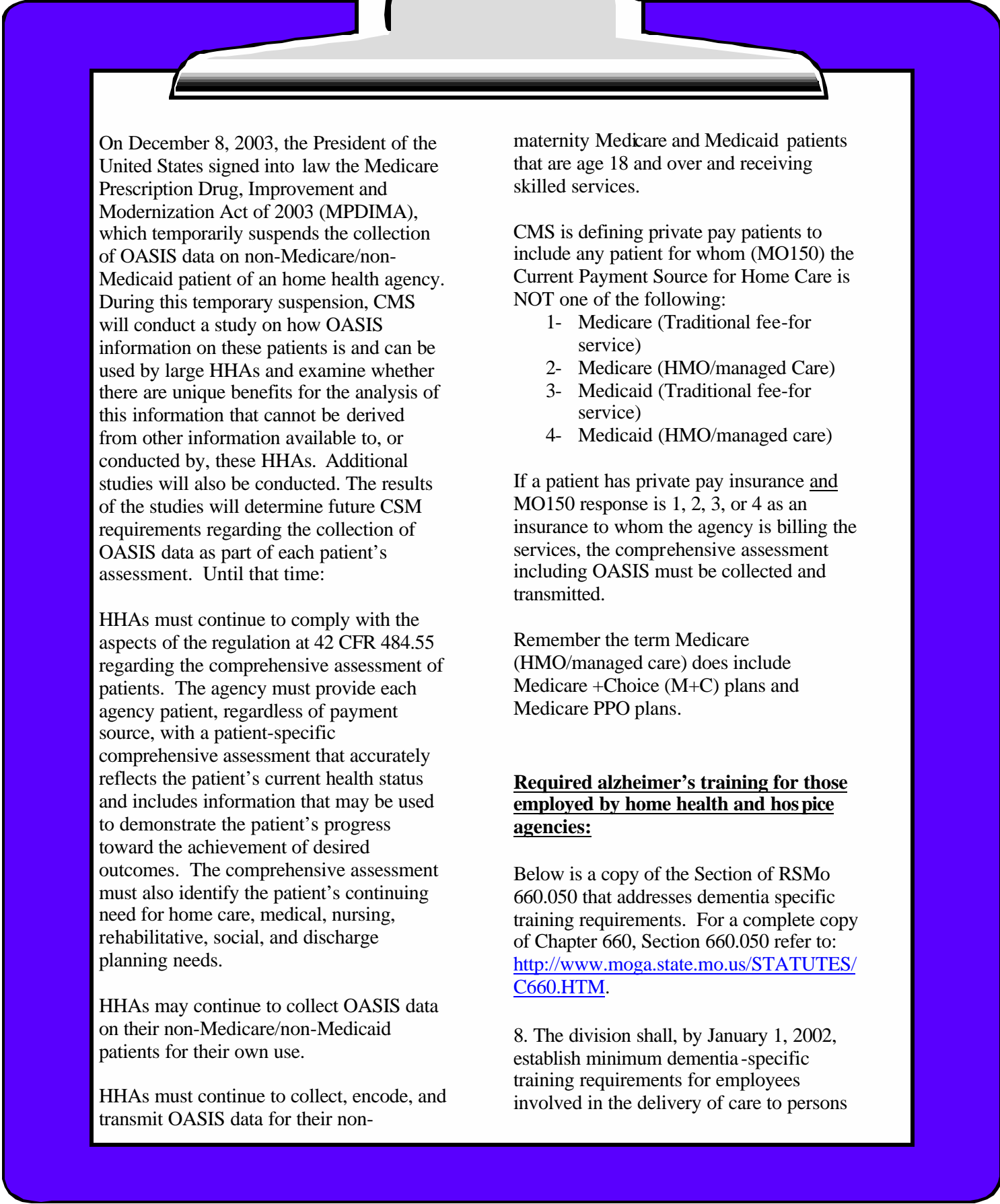
If the OASIS assessment is completed by an HHA with no branches, M0016 must start with the letter "N" followed by 9 spaces. (leave the 9 spaces blank)

IMPORTANT NOTICE

All home health agencies with approved branch locations have received notification of their branch identification numbers.

Any OASIS assessment completed by a branch **MUST** contain the CMS issued branch ID number on and after January 1, 2004, or the home health agency will receive a fatal error and the information will be rejected. The branch identification number should be entered on OASIS item MO016. If the agency has no branches, enter "N". If the assessment was performed by the home office (parent) of an agency which has branches, enter "P". Refer to page 8.16 of the OASIS Implementation Manual for further instructions for completion. If you have questions about your branch ID numbers, contact Linda Grotewiel at our office (573/751-6336). If you have questions regarding the OASIS assessment, contact Mike DeClue at 573/751-6308. **See attached chart.**

The Collection and Transmission of OASIS Data for Private Pay Patients (non-Medicare/non- Medicaid)

On December 8, 2003, the President of the United States signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MPDIMA), which temporarily suspends the collection of OASIS data on non-Medicare/non-Medicaid patient of an home health agency. During this temporary suspension, CMS will conduct a study on how OASIS information on these patients is and can be used by large HHAs and examine whether there are unique benefits for the analysis of this information that cannot be derived from other information available to, or conducted by, these HHAs. Additional studies will also be conducted. The results of the studies will determine future CSM requirements regarding the collection of OASIS data as part of each patient's assessment. Until that time:

HHAs must continue to comply with the aspects of the regulation at 42 CFR 484.55 regarding the comprehensive assessment of patients. The agency must provide each agency patient, regardless of payment source, with a patient-specific comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward the achievement of desired outcomes. The comprehensive assessment must also identify the patient's continuing need for home care, medical, nursing, rehabilitative, social, and discharge planning needs.

HHAs may continue to collect OASIS data on their non-Medicare/non-Medicaid patients for their own use.

HHAs must continue to collect, encode, and transmit OASIS data for their non-

maternity Medicare and Medicaid patients that are age 18 and over and receiving skilled services.

CMS is defining private pay patients to include any patient for whom (MO150) the Current Payment Source for Home Care is NOT one of the following:
   1- Medicare (Traditional fee-for service)
   2- Medicare (HMO/managed Care)
   3- Medicaid (Traditional fee-for service)
   4- Medicaid (HMO/managed care)

If a patient has private pay insurance and MO150 response is 1, 2, 3, or 4 as an insurance to whom the agency is billing the services, the comprehensive assessment including OASIS must be collected and transmitted.

Remember the term Medicare (HMO/managed care) does include Medicare +Choice (M+C) plans and Medicare PPO plans.

Required alzheimer's training for those employed by home health and hospice agencies:

Below is a copy of the Section of RSMo 660.050 that addresses dementia specific training requirements. For a complete copy of Chapter 660, Section 660.050 refer to: http://www.moga.state.mo.us/STATUTES/C660.HTM.

8. The division shall, by January 1, 2002, establish minimum dementia-specific training requirements for employees involved in the delivery of care to persons

with Alzheimer's disease or related dementias who are employed by skilled nursing facilities, intermediate care facilities, residential care facilities, agencies providing in-home care services authorized by the division of aging, adult day-care programs, independent contractors providing direct care to persons with Alzheimer's disease or related dementias and the division of aging. Such training shall be incorporated into new employee orientation and ongoing in-service curricula for all employees involved in the care of persons with dementia. The department of health and senior services shall, by January 1, 2002, establish minimum dementia-specific training requirements for employees involved in the delivery of care to persons with Alzheimer's disease or related dementias who are employed by home health and hospice agencies licensed by chapter 197, RSMo. Such training shall be incorporated into the home health and hospice agency's new employee orientation and ongoing in-service curricula for all employees involved in the care of persons with dementia. The dementia training need not require additional hours of orientation or ongoing in-service. Training shall include at a minimum, the following:

(1) For employees providing direct care to persons with Alzheimer's disease or related dementias, the training shall include an overview of Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues;

(2) For other employees who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementias, the training shall include an overview of dementias and communicating with persons with dementia.

****

NEW OASIS COORDINATOR:

Mike DeClue has assumed the role of OASIS Coordinator effective November 1, 2002. Mike can be reached at 573/751-6308 or by e-mail at declum@dhss.mo.gov.
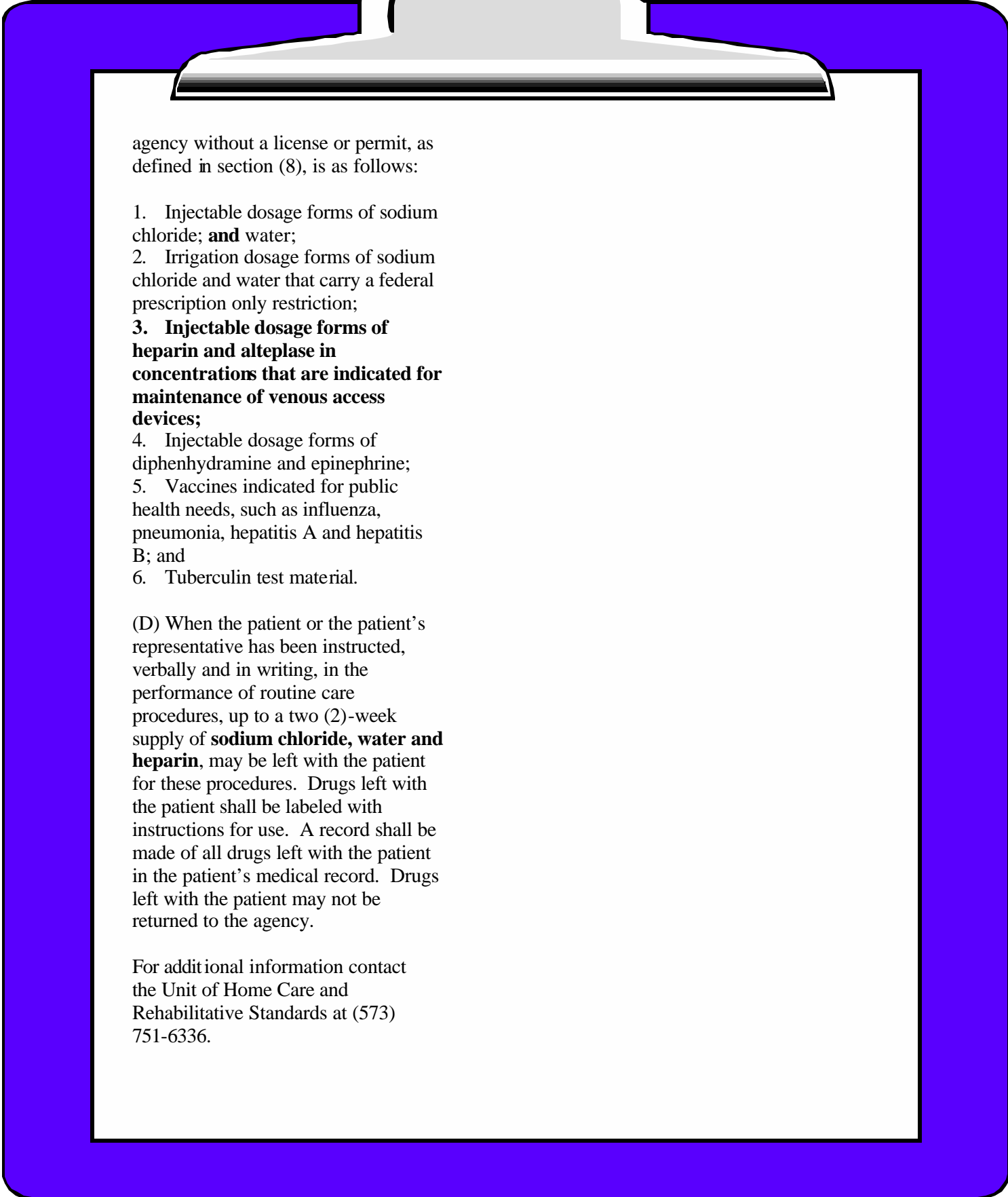
Melissa Hall is assisting Mike with OASIS and can be reached at 573/522-8421.

****

Nurses Allowed to Carry Alteplase - BOP Rule Changed

Effective at the end of September, the State Board of Pharmacy rule has been amended. 4 CSR 220-2.010 Pharmacy Standards of Operation, has been amended regarding home care nurse drugs and will allow the nurses to carry Alteplase. The amended rule states:

(8) A home health or hospice agency licensed or certified according to Chapter 197, RSMo, or any licensed nurses of such agency, may possess drugs in the usual course of business of such agency without being licensed as a pharmacist or a pharmacy.

(A) The list of drugs that may be possessed by a home health or hospice

agency without a license or permit, as defined in section (8), is as follows:

1.   Injectable dosage forms of sodium chloride; **and** water;
2.   Irrigation dosage forms of sodium chloride and water that carry a federal prescription only restriction;
3.   Injectable dosage forms of heparin and alteplase in concentrations that are indicated for maintenance of venous access devices;
4.   Injectable dosage forms of diphenhydramine and epinephrine;
5.   Vaccines indicated for public health needs, such as influenza, pneumonia, hepatitis A and hepatitis B; and
6.   Tuberculin test material.

(D) When the patient or the patient's representative has been instructed, verbally and in writing, in the performance of routine care procedures, up to a two (2)-week supply of **sodium chloride, water and heparin**, may be left with the patient for these procedures. Drugs left with the patient shall be labeled with instructions for use. A record shall be made of all drugs left with the patient in the patient's medical record. Drugs left with the patient may not be returned to the agency.

For additional information contact the Unit of Home Care and Rehabilitative Standards at (573) 751-6336.

Use of Branch ID – M0016

Hospital #079854 With subunit

(Hospitals do not report/do assessments)

A Parent HHA or Subunit is the highest-level business unit that is used for reporting purposes and is not linked or connected to any higher-level units that may exist.

The ID numbers listed in this document do not reflect actual CMS issued numbers. The numbers are for display clarification purposes only.
CMS will continue to issue numbers when and as required.

NO Relationship to be reported in M0016 between hospital and subunit

*The 10-character ID provided by CMS and required for HHA or Subunit branch identification consist of the following structure:
- First two characters are the state code for the HHA or Subunit
- Q will always be the third character
- Fourth through seventh characters are the HHA or Subunit Medicare provider number
- Eighth through tenth characters are a sequential number (001–999) which identifies the branch

Subunit ID #071234

With branches – code as a P followed by 9 spaces

Subunit ID #078122

Without branches – code as an N followed by 9 spaces

Parent HHA #072234

With branches – code as a P followed by 9 spaces

Parent HHA #072773

Without branches – code as an N followed by 9 spaces

Branch 1 ID 07Q1234001 *(Code the 10 digits)

Branch 2 ID 07Q1234002 *(Code the 10 digits)

Branch 1 ID 07Q2234001 *(Code the 10 digits)

Branch 2 ID 07Q2234002 *(Code the 10 digits)

12/2003